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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.	
Typed or Printed Name	Susan M. Alessi
Signature	<i>Susan Alessi</i>
Date	June 17, 2004
REVOCATION OF POWER OF ATTORNEY/POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket AGYT-041
	First Named Inventor WIELOCH, TADEUSZ
	Application Number 10/764,292
	Filing Date January 22, 2004
	Group Art Unit 1645
	Examiner Name Title: "ANIMAL MODEL EXHIBITING PATHOLOGICAL CONDITIONS OF ALZHEIMER'S DISEASE"
I hereby <u>revoke</u> all previous powers of attorney or authorizations of agent given in the above-identified application and <u>hereby appoint</u> Practitioners at: <input checked="" type="checkbox"/> 24353	
whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or <i>inter partes</i> proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to the above-mentioned customer number.	
STATEMENT UNDER 37 CFR § 3.73(b)	
In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on June 10, 2004 at Reel 014716, Frames to 0472.	
I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.	
I am the: <input type="checkbox"/> Applicant; or <input checked="" type="checkbox"/> Assignee of record of the entire interest <input type="checkbox"/> Attorney of record	
SIGNATURE of Applicant, Assignee or Attorney of Record	
Name	CYNTHIA LADD
Signature	<i>Cynthia Ladd</i>
Date	06-14-04